

CLAIMS ONLY

Application Number

Filing Date

10586387

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1	0				
2						
3		0				
4		0				
5		0				
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11						
12		0				
13		0				
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16		2				
17	1	1				
18		1				
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Total Indep	1					
Total Depend		15				
Total Claims	16					

51	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						